U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number 11 3783	2. Fiscal Year Covered From:	
	01 / 01 / 2004 Through: 12/31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Bocco Terranava	Name Sheet-metal Workers Loca (#73	
	Labor Organization File Number 036-383	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 4550 Reosevelt Road	Street 4550 Roosevelt Road	
City Hillinde	City Hillside	
State ZLLineis ZIP Code + 4 60/62-203	State ILLinois ZIP Code + 4 60/62 - 2053	
5. Position in labor organization.  Organizer		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
	on represents or is actively seeking to represent.	
monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any).		
monetary value from an employer whose employees your organization	on represents or is actively seeking to represent.	
monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any).	on represents or is actively seeking to represent.	
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	on represents or is actively seeking to represent.	
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.	
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.	
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street	7.a. Nature of Interest, Transaction, or Income.	
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.	
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the	

Name of Person Filing Rocco Terranova	File Number U- 3783
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name Daley & George LTD  Trade Name, if any: N/A  P.O. Box, Bldg., Room No., if any  Street 20 South Clark  City Chicago  State #LL Logist   ZIP Code+4 60603	b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	Attorney
power state to commercial terms or construction and the state of the s	11.b. Approximate dollar value of such dealing. Unkown
State ZIP Code + 4	12.a. Nature of interest held or income received.  Dinner and Boat Ride During  International convention August 2004  C Husband and Wife)
	12.b. Amount. 3.5 4 00
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	
(including trade name, if any).	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	il
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

File Number U- 3783

## **DISCLAIMER**

The transactions, dealing and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year and some or many items may have been unintentionally omitted.

Signature

July 15, 2005

Date